



DEPARTMENT OF THE NAVY
CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON, D.C. 20350-2000

5800
Ser 100002
22 Apr 20

From: Chief of Naval Operations
To: Vice Chief of Naval Operations

Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

Ref: (a) ADM R. Burke, USN ltr 5800 Ser N09D/20U100818 of 7 Apr 20
(b) ADM R. Burke, USN ltr 5800 Ser N09/20U100519 of 14 Apr 20

1. I reviewed references (a) and (b), your Preliminary Inquiry report and addendum, and I approve the report except as noted herein.

2. The Summary of Findings are modified as follows:

a. Summary of Finding 4.u. is approved as written, with the following sentence added: "By 29 March, nearly all hotels in Guam had closed due to a drastic decrease in tourism business, not due to Executive Order. These closures resulted in widespread layoffs of hotel staff."

b. Summary of Finding 4.v. is approved as written, with the following sentence added: "Once the decision was made to have the crew occupy off-base hotels, the hotels were only able to re-hire enough staff to open up about 400-500 rooms per day."

3. The Conclusions are modified as follows:

a. Conclusion 5.l. is approved as written, with the following sentence added: "The email trace revealed no evidence that the CO sent his email (enclosure 2) and letter (enclosure 3) to anyone other than those recipients listed in enclosure 2."

b. Conclusion 5.o. is omitted and substituted with the following: "The CO was ultimately responsible for the safety, health, and well-being of the crew and embarked personnel. Therefore, he was ultimately responsible for the plan to respond to the infectious disease spreading amongst the crew. All other commanders in the chain should have been in support of his plan. The CO correctly diagnosed the problem and developed the proper courses of action (COA). The plan to debark the crew and place them into Guam hotels was the preferred COA for the CO, CCSG-9 and C7F – and indeed was ultimately the plan that was executed. However, the CO should have better planned for and executed the most likely COA of debarking more of his crew into on-base accommodations, even if sub-optimal, while waiting for off-base hotels."

c. Conclusion 5.p. is omitted and substituted with the following: "The SMO, his medical department, and the medical chain of command were earnest in their effort to provide the CO and the chain of command with medical advice about the disease and its spread amongst the crew. Their work was informed by the available expert-developed information and the proper

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collaboration was occurring amongst the medical staffs. Indeed, the plan advocated by the medical officers was ultimately approved and executed by the chain of command and some of the medical staff predictions were later borne out by the number of positive COVID-19 cases. However, like the CO, the medical team failed to plan for the most likely COA of utilizing on-ship and on-base accommodations to isolate and quarantine portions of the crew while awaiting development of the preferred plan. The stated intent of the medical department letter to 'submit this letter to the public to demonstrate our concerns' was inappropriate and unprofessional."

4. I approve recommendations 6.a through 6.e. You are directed to assign appropriate offices or staffs to complete these tasks and report completion to me. I disapprove recommendations 6.f through 6.i.

5. By copy of this memo, I direct Commander, U.S. Pacific Fleet to lead an in-person After Action Review (AAR) regarding the COVID-19 planning and response efforts for the USS THEODORE ROOSEVELT (CVN 71) crew and embarked personnel. This AAR will include the in-person participation of Commanding Officer, USS THEODORE ROOSEVELT (CVN 71), Commander, Carrier Strike Group NINE, Commander, Joint Region Marianas, Commander, U.S. SEVENTH Fleet, and Commander, U.S. Pacific Fleet. It will occur prior to the THEODORE ROOSEVELT getting underway in May 2020, and result in a report due to me within 30 days. The report will capture lessons-learned and provide valuable insights not only for the U.S. Navy's response to COVID-19, but it's applicability to a range of crisis scenarios.


M. M. GILDAY

Copy to:
COMUSPACFLT



**DEPARTMENT OF THE NAVY
VICE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON DC 20350-2000**

5800
Ser N09D/20U100818
7 Apr 20

From: Vice Chief of Naval Operations
To: Chief of Naval Operations

Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

Ref: (a) JAGMAN, Chapter II Section 0203

Encl: (1) CNO WASHINGTON DC ltr 5800 of 2 Apr 20
(2) USS THEODORE ROOSEVELT (CVN 71) e-mail of 29 Mar 20
(3) USS THEODORE ROOSEVELT (CVN 71) ltr of 30 Mar 20
(4) USS THEODORE ROOSEVELT (CVN 71) Medical Department ltr of 31 Mar 20
(5) Summary of Interviews
(6) Timeline

1. This reports completion of the preliminary inquiry conducted in accordance with reference (a).
2. Personnel contacted:
 - a. Commander, U.S. Pacific Fleet (CPF)
 - b. Commander, Naval Air Forces (CNAF)
 - c. Commander, U.S. SEVENTH Fleet (C7F)
 - d. Commander, Carrier Strike Group NINE (CCSG-9)
 - e. Commander, Joint Region Marianas (CJRM)
 - f. Commanding Officer, USS THEODORE ROOSEVELT (CVN 71) (CO)
 - g. Senior Medical Officer, USS THEODORE ROOSEVELT (CVN 71) (SMO)
 - h. Fleet Surgeon, C7F
 - i. Fleet Surgeon, CPF
 - j. Executive Officer, USS THEODORE ROOSEVELT (CVN 71) (XO)
 - k. Commander, Carrier Air Wing 11 (CAG 11)
 - l. Commander, Destroyer Squadron 23 (CDS 23)
 - m. Chief of Staff, C7F (COS, C7F)
 - n. Command Master Chief, USS THEODORE ROOSEVELT (CVN 71) (CMC)

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3. Materials reviewed: I reviewed enclosures (1) through (5). Enclosure (6) was developed to aid in understanding the sequence of events.

4. Summary of findings (all times listed in Chamorro Standard Time (GMT +10)):

a. Once positive novel coronavirus (COVID-19) cases became known on THEODORE ROOSEVELT, the Senior Medical Officer (SMO) began to keep a running prediction of the total number of THEODORE ROOSEVELT Sailors infected and an estimate of potential THEODORE ROOSEVELT Sailor fatalities. These projections leveraged observations from the cruise ship Diamond Princess sequestered in Japan, which had a different demographic population from the THEODORE ROOSEVELT, and would result in a higher expected fatality rate.

b. Upon arrival in Guam on 27 March, CCSG-9 and THEODORE ROOSEVELT had a plan to rapidly egress those Sailors confirmed to be infected and key watchstanders who were known to have avoided contact with any infected Sailors. There was no plan yet developed to rapidly egress the large number of quarantined people ashore, nor was there a strategy in place for required testing prior to Sailors going ashore to Naval Base Guam.

c. Prior to arrival in Guam, C7F, CCSG-9, CJRM and THEODORE ROOSEVELT all understood the requirement for 4,000 beds, with no discussion of the beds being CDC-compliant (i.e., one bed and one head per room). None of them knew how many such rooms were achievable or where they would be located. Broadly, there were three courses of actions (COAs) identified:

(1) Obtain 4,000 rooms. This was the preferred COA, as it was the fastest and safest;

(2) Transfer Sailors to Okinawa and Atsugi. This involved coordination with the Government of Japan and a 9-hour plane ride;

(3) Naval Base Guam accommodations only, using government and temporary makeshift facilities.

d. C7F established a priority that THEODORE ROOSEVELT needed to remain able to get underway rapidly for contingency operations. The fastest means to achieve this was to establish a testing rate of 500 tests per day to match available lab capacity, a rate which was beyond the capacity of the shipboard equipment. CCSG-9 and THEODORE ROOSEVELT felt continuous pressure from these requirements, and they felt distracted from egressing the crew in a timely manner.

e. Prior to arrival in Guam, CCSG-9 issued guidance which established movement of COVID-19 infected Sailors to isolation ashore as the first priority. The next priority was preserving the ability to rapidly get underway for contingency operations, and accordingly key watchstanders that had been protected from spread of infection were quarantined next. The CO and Warfare Commanders had initial expectations that 4,000 CDC-compliant isolation rooms would be available for quarantine of the THEODORE ROOSEVELT crew in Guam upon arrival. It is unclear that this expectation was transmitted to C7F. Insufficient efforts were made to think through the triage regarding use of limited test equipment that would be required to egress those persons under investigation (PUI), which was a majority of the crew. Regardless, there was no plan, and this contributed to delays in getting potentially non-infected crewmembers off of the ship.

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f. Naval Base Guam, C7F and THEODORE ROOSEVELT agreed to the egress strategy and its prioritization of categories of Sailors. Dissatisfied with the pace of egress, C7F repeatedly prompted CCSG-9 for THEODORE ROOSEVELT's plan to utilize the additional isolation/quarantine quarters available via the daily synch VTC and email in the days before arrival in Guam. With no plan in hand four days after the ship's arrival, and hundreds of temporary quarantine bunks remaining unused, C7F issued "C7F TASKORD for Recovery of USS THEODORE ROOSEVELT from COVID-19 Infection" on 1 April, formally requiring development of this plan.

g. Naval Base Guam did not have sufficient contracted food available for the number of Sailors in isolation and quarantine. As this capacity continued to ramp up, and the number of Sailors ashore increased, there were quality control and timeliness issues that leadership addressed as quickly as they could. Sailors expressed their concerns on social media and this was relayed to the CO and XO.

h. The ship's leaders were concerned about the practicality of the temporary open-bay facilities as they did not meet CDC guidelines and cots were not initially arranged to enable social distancing. Although not CDC-compliant, these facilities, with proper physical arrangement, would likely decrease the probability of infection spread, and the shipboard population would be decompressed. However, the SMO's continued insistence on "only CDC-compliant facilities" led to confusion in execution, and delayed the crew's egress from the ship into open bay facilities.

i. In reaction to social media posts and out of concern for his Sailors in the isolation/quarantine facilities, the CO established policy that no Sailors would leave the ship until guarantee of sufficient meal service was available. Additionally, the CO requested the ability for ship's company to inspect isolation/quarantine facilities for suitability prior to moving Sailors (e.g., adequate meal service, heads, physical separation).

j. The Government of Guam issued a state of public health emergency on 14 March, and as a result, Naval Station Guam was in Health Protection Condition Level (HPCON) C+, which significantly limited personnel on and transit within the base. Additionally, the pier area around THEODORE ROOSEVELT had been designated a Force Health Protection Boundary (FHPB), restricting movement for those Sailors off of the pier. The Naval Base Guam CO and Commander, Joint Region Marianas (CJRM) denied the request for any THEODORE ROOSEVELT personnel to leave the immediate FHPB on the basis of their policy that all THEODORE ROOSEVELT members were potentially infected.

k. C7F did not know why THEODORE ROOSEVELT Sailors were not occupying all available isolation/quarantine quarters. C7F believed that all facilities were available and fully functional, and that the CO and CCSG-9 resisted sending the crew to any isolation/quarantine areas that were not fully CDC-compliant. The CO's requirement for verification/validation of adequate quality of life services for the isolation/quarantine areas also contributed to this.

l. As a result of the issues outlined above, hundreds of available isolation/quarantine bunks remained vacant through 2 April when the CO was relieved.

m. The SMO, on at least two occasions, misunderstood discussions during daily C7F medical synchronization meetings about additional infection testing, and construed the discussions to levy new testing requirements, despite no formal direction to do so. This also contributed to the delay of the crew egressing from the THEODORE ROOSEVELT. The SMO did not consistently attend or send a

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representative to the daily C7F medical synchronization meetings because the medical staff was heavily loaded with patient care and testing.

n. During COA development for additional CDC-compliant isolation quarantine areas, the Warfare Commanders, CO and XO developed an information paper outlining their preferred COA for establishing additional isolation/quarantine areas. This paper would later form the basis of the CO's letter. The paper was provided to CCSG-9 on Sunday, 29 March by email. CCSG-9 concurred with the recommendation and proposed this COA to C7F that same day, but C7F directed them to continue to focus on Okinawa as the primary COA. C7F advised that their preferred COA for hotel rooms, while still being pursued, was not looking likely, as the government of Guam was not currently amenable to potentially infected Sailors leaving Naval Base Guam. Bringing the THEODORE ROOSEVELT to Naval Base Guam had been predicated by a guarantee from CPF to the government of Guam that no support would be required from them.

o. CCSG-9 and THEODORE ROOSEVELT were tasked to develop plans to airlift crew members to Okinawa on Saturday, 28 March. After hours of work towards this task, the CO called Commander, Fleet Activities Okinawa (CFAO) to confirm the availability of appropriate and sufficient berthing and was told there were insufficient bunks available. The CO discussed this with the XO and senior Warfare Commanders. They believed the C7F staff had wasted their time on a non-viable COA.

p. C7F had arranged for III MEB to evacuate their barracks in Okinawa upon notification that the airlift plan had been approved. This would have made 5,700 rooms available on the Marine Corps side of the base in Okinawa, not the Navy side of the base that CFAO had cognizance over. The CO and Warfare Commanders were unaware of this.

q. On 29 March, with over 1,000 members of the crew on board in quarantine, the CO released 900-1,000 Sailors in aft quarantine based on the recommendation of the SMO and XO. The SMO based his recommendation on his belief that preventative isolation was not working as some Sailors in preventative isolation were becoming symptomatic and tested positive subsequent to being placed in isolation. Additionally, there were large numbers in quarantine and the spaces to which they were confined were very crowded.

r. CPF rejected C7F's plan for movement of the THEODORE ROOSEVELT crew to Okinawa on Sunday, 29 March, based on the risk of accelerating infection spread on the aircraft during the 9 hour flight to Okinawa, and complications with the government of Japan.

s. On Sunday, 29 March, there were 1,150 racks available on Guam with 535 racks occupied.

t. On Sunday, 29 March during the daily C7F medical synchronization meeting, the SMO made the first mention to an off-ship audience of the expectation for 4,000 CDC-compliant rooms as that was the fastest and safest way to get THEODORE ROOSEVELT back to sea. This appears to be the first time any organization outside of CCSG-9 or THEODORE ROOSEVELT knew of the ship's expectation for CDC-compliant rooms for all crew members who were to be egressed. CCSG-9 proposed this COA to C7F later that same day. C7F articulated that he did not view the temporary facilities as inadequate as they were a short-term improvement over shipboard conditions that would provide a bridge to a longer term solution.

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u. CJRM began consulting with the government of Guam on Saturday, 28 March to obtain hotel rooms, independent of and without any knowledge of the ship's expectations, as part of C7F's parallel plan. The CO and CCSG-9 were not aware of these efforts.

v. CPF contacted the Governor of Guam on the evening of 31 March to finalize the agreement for an undetermined number of hotel rooms.

w. At this point, the CO, XO and Warfare Commanders were frustrated. This was compounded by the continued increase in number of COVID-19 positive Sailors and the worst-case narrative of THEODORE ROOSEVELT fatalities that continued to be discussed among THEODORE ROOSEVELT leadership. Believing that the C7F staff was not seriously entertaining or working towards obtaining CDC-compliant hotel rooms in Guam for crew isolation/quarantine, the CO sent an email (enclosure (2)) with an attached letter (enclosure (3)).

x. The CO's email was sent to 10 people in total, three in the "To" line (CPF, CNAF, CCSG-9), and seven in the "cc" line (Executive Assistants for CPF and CNAF, and fellow O-6s on the ship). All "To" line addressees were in the CO's administrative or operational chain of command.

y. The CO stated that he did not release the letter to the media, nor did he intend to do so. He provided background on his experience as the investigating officer for the line of duty investigations for Sailors lost on the USS JOHN S MCCAIN (DDG 56) in the 2017 collision. He felt that COs could have made a difference and that inaction caused problems. He applied that lesson here, and stated that he did not want to lose a day and potentially lose a Sailor.

z. The XO stated during his interview that he edited the letter (enclosure (3)) and prepared the email (enclosure (2)) on the unclassified network, but had not thought about the possibility of the letter being released to the public. When the letter was released to the press, he felt personally responsible. He stated that, in retrospect, he should have put it on a classified network, but he knew of no intention on anyone's part to release the letter to the press.

aa. The SMO, THEODORE ROOSEVELT Surgeon, THEODORE ROOSEVELT Family Physician, THEODORE ROOSEVELT Physical Therapist and THEODORE ROOSEVELT Flight Surgeon signed a letter (enclosure (4)) which expressed similar concerns as those in the CO's letter, but also stated their intent to release their concerns to the public. The junior Medical Officers drafted and presented the letter to the SMO, who added his signature and forwarded it to the Navy Surgeon General via email. In his email to the Navy Surgeon General, the SMO indicated that he would not release the letter to the press, but that he could not speak for the other signatories.

5. Conclusions:

a. Navy and Fleet Commander COVID-19 guidance did not address the optimum handling of significant numbers of potentially infected Sailors seen onboard THEODORE ROOSEVELT. The SMO's application of contact tracing, while appropriate when numbers were small, rapidly caused the entire ship to be considered infected. Additionally, guidance did not anticipate the scenario in Guam with large numbers of Sailors requiring isolation and a lack of adequate CDC-compliant facilities present. To be fair, the crew was learning in-situ, and their experience will clearly inform revised Navy procedures.

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b. Communications and actions were uncoordinated between THEODORE ROOSEVELT, CCSG-9, NB Guam, CJRM and C7F. Significant differences of understanding existed regarding: THEODORE ROOSEVELT and CCSG-9's expectations for quarantine capacity in Guam; testing requirements for moving Sailors to isolation; testing requirements for and reasons for delaying movement of crew to temporary facilities; the availability of berthing in Okinawa; and efforts being made to secure Guam hotels. Contributing to this:

(1) There was no plan for rapid egress of the majority of the crew, and it had not been developed until after the relief of the CO.

(2) Multiple entities were working towards different objectives, and 'who owned what' was not clearly understood or practiced.

(3) Communications "bottle necks" resulted in frequent miscommunication, difficulty confirming data, and frustration on both sides.

c. A contentious relationship and an "Us vs. Them" culture existed between the C7F staff, the CSG-9 and the THEODORE ROOSEVELT team prior to the COVID-19 outbreak. This pre-existing environment exacerbated the communications challenges once the outbreak began. Although both staffs were aware of this environment, no one took action.

d. Based on the projections for individuals of a population similar to the crew, there was a low probability of fatalities onboard the ship. However, a rapid rise in positive cases, together with worst-case projections for THEODORE ROOSEVELT Sailor infection rates and fatalities, drove a culture of fatalism among THEODORE ROOSEVELT and CSG-9 leaders. An increase in numbers should have been expected, and the continued minor nature of symptoms for those Sailors experiencing the COVID-19 virus should have helped to put the risks in perspective. The Sailors were displaying only minor symptoms, as CDC guidelines suggest. No Sailors from the THEODORE ROOSEVELT have been hospitalized to date. The team should have recognized that actions taken to date had already reduced the percentage of Sailors infected as compared to the Diamond Princess cruise liner, where no action was taken.

e. In a very dynamic situation characterized by clear communications challenges, and with each failure of another organization to meet expectations, the CSG-9 and THEODORE ROOSEVELT staffs became increasingly untrusting of C7F. They also felt increasingly overwhelmed by requests for information and planning products while simultaneously trying to test, egress and treat Sailors. This further aggravated the situation—C7F demanded more information, while CSG-9 and THEODORE ROOSEVELT staffs resisted. As a result, CSG-9 and THEODORE ROOSEVELT staffs turned their efforts inward and focused exclusively on their preferred COA (egress to Guam hotels).

f. Actions to release personnel in quarantine on the ship on 29 March may have expedited or increased the spread of infection on THEODORE ROOSEVELT. This should be examined further.

g. CCSG-9 and THEODORE ROOSEVELT did not adequately plan for crew egress beyond that of the immediately ill and protected non-infected watchstanders. Although they had the details of available berthing prior to arrival in Guam, they had expected to remove all remaining crew to waiting CDC-compliant hotel rooms. This contributed to delays in crew egress.

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h. The SMO consistently recommended actions and drove impractical, unconstrained decisions towards an ideal triage plan that did not reflect the operational and resource realities. For example, rather than spread out and thin down the number of cots in an open bay space ashore, the SMO considered the space to be non CDC-compliant, and in some cases, the cots went unused, leaving Sailors on the ship.

i. The effects of the issues discussed in conclusions a, b, c, e, g and h resulted in many crew members remaining onboard THEODORE ROOSEVELT for an unnecessarily long period of time.

j. The CO, in the company of the XO, sent a letter (enclosure (2)) requesting assistance to his embarked CCSG, his Administrative Type Commander (COMNAVAIRFOR), and CPF shortly after concluding that there were insufficient rooms available in Okinawa and surmising that no hotel rooms in Guam would be made available. The Warfare Commanders, CO and XO all held this opinion. The CO did not discuss sending this letter with CCSG-9. The CO's primary goal was to expedite getting proper accommodations for his crew. He did not understand the magnitude of effort that was already in progress. His intent was to operate within the chain of command, bypassing C7F due to his frustration with that staff, and reaching above C7F, but within his administrative and operational chains of command, for help. The CO's stated intent is consistent with clear direction from senior Navy uniformed leaders to Commanders to reach out if they need help and a shift in mentality from a "must do" to a "can do" culture.

k. At the time the CO sent the letter, there was low risk of fatalities to THEODORE ROOSEVELT Sailors. The language he used in the letter conveyed otherwise. Additionally, by this time, the Department of the Navy had already mobilized significant resources, and was preparing to secure an agreement with Guam for the hotel rooms, although the CO did not know this. Moreover, due to the cascading delays in egressing Sailors, many had not yet been able to leave the ship for the available temporary isolation/quarantine spaces. This ran counter to the narrative of his letter, which suggested Sailors were not safe on the ship. During his interview, the CO stated that he believed it was unlikely anyone would die, but exaggerated the impact on Sailors in the letter in order to draw leadership's attention—he "wanted to send a red flare."

l. Although he transmitted the letter on an unclassified email network, there is no indication that the CO had intent to leak the letter to the press. At my request, Fleet Cyber Command (FCC) has initiated an email trace to investigate the path of the transmitted email.

m. The CO was most likely acting to avoid inaction based on his internalization of the Fleet-wide direction from Navy uniformed leadership to be transparent, ask for help early and tell superiors when the mission cannot be executed. He learned from his experience as MCCAIN line of duty investigating officer that COs are in a position to make a difference and that inaction can be deadly. He "did not want to waste a day and potentially lose a Sailor" waiting on staff processes to work. Although the content of his letter can be questioned and his choice of means to transmit the letter was unfortunate, his motives appear to be sincere.

n. The Commander, CSG 9, stated he had not seen the CO's letter and was not aware of the concerns laid out in the letter until he got the email. However, he had been emailed the contents of the letter in the form of a paper presented to him by the Warfare Commanders in support of their recommended COA to C7F to push for hotel rooms. CCSG-9 advocated for this recommendation to C7F.

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This paper was later edited to a shorter version to become the CO's letter. This narrative had been under development for some time, and CCSG-9 endorsed it.

o. Although Commander, CSG-9, was in overall command of the Task Force, it is not clear either he or the CO was in charge of crisply planning and executing what should have been a rapid and organized egress of the crew into the relative safety of temporary facilities. Additionally, although CCSG-9 did not encourage the tone of crisis among these leaders driven by the SMO, he did little to squelch it.

p. When the SMO signed the Medical Department letter, he not only missed the opportunity to demonstrate leadership to his Medical team, but also endorsed a path that undermined his chain of command.

6. Recommendations:

a. Issue revised Navy-wide COVID-19 guidance to address the magnitude of the problem on THEODORE ROOSEVELT and strategies for triaging crew members to limited numbers of makeshift quarantine and isolation facilities both onboard the ship and at remote shore locations. Conduct wargames and table-top exercises to optimize various scenarios and conduct shipboard training/exercises.

b. Using the THEODORE ROOSEVELT case history, develop warship-specific COVID-19 infection spread models.

c. Examine the impact of the ship's decision to release personnel from isolation on 29 March and use this to inform the infection spread model recommended in recommendation b.

d. Examine shipboard and shore-based pre-positioned stores of personal protective equipment, test gear and other equipment necessary to test, diagnose and if necessary ship test samples.

e. Identify key shore nodes for offload of infected crew members with suitable facilities and infrastructure for isolation/quarantine. Institutionalize requirements to assess time/speed/distance to ready nodes versus the delays that may be induced by going to a remote port without adequate facilities.

f. The actions of the following individuals merit consideration for disciplinary action:

(1) Senior Medical Officer, USS THEODORE ROOSEVELT (CVN 71)

(2) Ship's Surgeon, USS THEODORE ROOSEVELT (CVN 71)

(3) Family Physician, USS THEODORE ROOSEVELT (CVN 71)

(4) Physical Therapist, USS THEODORE ROOSEVELT (CVN 71)

(5) Flight Surgeon, CARRIER AIR WING 11 (CVW 11)

g. The actions of the following individuals merit consideration for administrative actions:

(1) Commander, CARRIER STRIKE GROUP-9

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(2) Commanding Officer, USS THEODORE ROOSEVELT

h. Persons identified to be complicit in the leak of the CO's email may merit consideration for disciplinary or administrative action pending the FCC email trace.

i. Recommend DoD Inspector General conduct a review of this preliminary inquiry.



R. P. BURKE



DEPARTMENT OF THE NAVY
CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON DC 20350-2000

5800
2 Apr 20

From: Chief of Naval Operations
To: Vice Chief of Naval Operations

Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

Ref: (a) JAGMAN, Chapter II

1. Per reference (a) you are hereby appointed to inquire into events surrounding the disembarkation of Sailors from USS THEODORE ROOSEVELT (CVN 71) in Guam, in response to cases of Coronavirus Disease 2019 (COVID-19).
2. The purpose of this preliminary inquiry is limited in scope. Consider the command climate relative to the health care professionals onboard and what, if any, impact their communications with the commanding officer or other senior leaders had on the ship's response. Consider also the effectiveness of the communications between the commanding officer and the administrative and operational chains of command.
3. You may assign others as needed to conduct this inquiry. Interview appropriate witnesses and review relevant documentary materials. Report your summary of findings and recommendations in letter form, consistent with reference (a). Include all evidence gathered during your inquiry. Submit your report no later than 4 April 2020, unless an extension of time is granted by me.


M. M. GILDAY

Enclosure (1)

-----Original Message-----

From: Crozier, Brett E CAPT USN, USS Theodore Roosevelt

<(b) (6), (b) (7)(C)@cvn71.navy.mil>

Sent: Sunday, March 29, 2020 5:48 PM

To: Aquilino, John C ADM USN COMPACFLT PEARL HI (USA)

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<(b) (6), (b) (7)(C)@navy.mil>; Baker, Stuart P RDML USN, CCSG-9

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Cc: (b) (6), (b) (7)(C) CAPT USN, CVW-11 CAG

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Subject: TR request for assistance

Fellow Naval Aviators,

It is with the utmost respect that I write to you requesting assistance. I consider all of you incredible leaders and I'd gladly follow you into battle whenever needed.

While I know there are many folks working hard to assist the TR as we attempt to contain the spread of COVID-19 onboard, all efforts to date have been inadequate and are unnecessarily putting Sailors lives at risk. I am no longer confident that normal staffing processes will work, and I believe we need decisive action now.

Make no mistake about it, if required we could get everyone back onboard, set sail, and be ready to fight and beat any adversary that dares challenge the US or our allies. The virus would certainly have an impact, but in combat we are willing to take certain risks that are not acceptable in peacetime. I told the SECNAV's office the same, and will repeat to the CNO if he calls today.

However, our current effort efforts to contain the virus and treat the symptoms while pierside here in Guam are inadequate. By COB on 30 Mar, TR will have over 20% of the crew ashore in 'quarantine areas' (open bay gyms) or 'isolation' rooms (NGIS rooms with shared heads) onboard Naval Base Guam.

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These facilities are inadequate to contain the virus and we're already seeing new positive cases from those residing at gyms with more likely to follow. Based on the contact tracing of the 53+ CV positive TR Sailors to date, over 50% of those still onboard (over 2,000) can be considered close contact the real number is closer to the 4,000 still onboard due the close proximity of the entire crew on a CVN.

The current situation is not ideal, and will only get better once we can isolate the crew off ship in true isolation rooms with separate bathroom facilities. A CVN does not provide the necessary space to allow for ROM separation IAW NAVADMIN 083 or CDC guidance with the majority of the crew embarked. The Diamond Princess Cruise Ship example demonstrates that the only way they were able to stop the spread was to remove everyone off the ship. Considering that they already had some ability to quarantine onboard with individual guest rooms, we should be extremely concerned with the virus spread on a CVN.

I need approximately 500 Sailors to remain onboard to continue to operate a Rx plant, man normal watches to support minimal operations (C2, IET, etc..), and maintain aircraft readiness. Naval Base Guam is doing the best they can, but they do not have adequate facilities and we can't wait much longer for off island lodging to become available as our cases continue to increase. While I understand that there are political concerns with requesting the use of hotels on Guam to truly isolate the remaining 4,500 Sailors for 14+ days, the hotels are empty, and I believe it is the only way to quickly combat this problem. Keeping Sailors local also allows me to maintain the warfighting capability needed should the balloon go up. The alternatives are to let this ride out, hope for the best, and pray we don't lose Sailors to this invisible enemy. Naval Aviation is better than that, and we owe it to the thousands of Sailors onboard, and those outside watching, to take decisive action now.

I fully realize that I bear responsibility for not demanding more decisive action the moment we pulled in, but at this point my only priority is the continued well-being of the crew and embarked staff. As you know, the accountability of a Commanding Officer is absolute, and I believe if there is ever a time to ask for help it is now regardless of the impact on my career.

Vr,
Chopper

CAPT Brett E. Crozier
Commanding Officer
USS THEODORE ROOSEVELT (CVN 71)



DEPARTMENT OF THE NAVY
USS THEODORE ROOSEVELT (CVN 71)
UNIT 100250 BOX 1
FPO AP 96632

30 Mar 20

Subj: REQUEST FOR ASSISTANCE IN RESPONSE TO COVID-19 PANDEMIC

BLUF: If required the USS THEODORE ROOSEVELT would embark all assigned Sailors, set sail, and be ready to fight and beat any adversary that dares challenge the US or our allies. The virus would certainly have an impact, but in combat we are willing to take certain risks that are not acceptable in peacetime. However, we are not at war, and therefore cannot allow a single Sailor to perish as a result of this pandemic unnecessarily. Decisive action is required now in order to comply with CDC and NAVADMIN 083/20 guidance and prevent tragic outcomes.

1. **Problem Statement.** With the crew embarked, TR is unable to comply with CDC protocols or NAVADMIN 083/20 guidance. Based on CDC guidelines and TR observations, the only effective method to preserve an individual's health is total isolation for 14+ days in accordance with the NAVADMIN (i.e. Individual hotel/barracks rooms with separate heads). Due to a warship's inherent limitations of space, we are not doing this. The spread of the disease is ongoing and accelerating.

2. **Inappropriate Focus on Testing.** Testing has no direct influence on the spread of the COVID-19 virus. It merely confirms the presence of the virus. Due to the close quarters required on a warship and the current number of positive cases, every single Sailor, regardless of rank, on board the TR must be considered "close contact" in accordance with the NAVADMIN. Testing will only be useful as the ship returns to work after isolation or quarantine to confirm the effectiveness of the quarantine period. Our focus now must be on quarantine and isolation in strict compliance with CDC and NAVADMIN guidance.

The COVID-19 test cannot prove a Sailor does not have the virus; it can only prove that a Sailor does. As an illustration, of the first 33 TR Sailors diagnosed with COVID-19, 21% (7 of those 33) infected Sailors were negative on a COVID-19 test, then subsequently presented with symptoms of COVID-19 infection within 1-3 days post-test.

Based on data since TR's first case, approximately 21% of the Sailors that tested negative and are currently moving into group restricted movement ashore are currently infected, will develop symptoms over the next several days, and will proceed to infect the remainder of their shore-based restricted group.

3. **Inappropriate Quarantine and Isolation.** With the exceptions of a handful of senior officer staterooms, none of the berthing onboard a warship is appropriate for quarantine or isolation. Thousands of "close contact" Sailors require quarantine in accordance with guidance. TR has begun to move personnel off ship into shore-based group restricted movement locations. Of the off ship locations currently available, only one complies with the NAVADMIN guidance. Infected Sailors reside in these off ship locations. Two Sailors have already tested positive in an

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open bay gymnasium equipped with cots. Although marginally better than a warship, group quarantine sites are not a solution and are not in accordance with current guidance.

In order to stop the spread of the virus, the CDC and the Navy and Marine Corps Public Health Center both recommend individual quarantine. They both recommend against group quarantine. They recommend limited or no contact with other exposed individuals and no use of the same facilities or items exposed individuals have touched. NAVADMIN 083/20 echoes this guidance.

The environment most conducive to spread of the disease is the environment the crew of the TR is in right now, both aboard ship and ashore:

- a. Large amounts of Sailors in a confined space
- b. Open, shared berthing
- c. Shared restroom facilities
- d. Confined, shared workspaces and computers
- e. Shared messing for large numbers
- f. Meals cooked / food provided by exposed personnel
- g. Mandatory watch/operational tasks demanding consistent close contact (food preparation, service & cleaning, TFCC watches, unavoidable meetings to plan & execute COVID response actions, etc.)
- h. Movement about the ship requires consistent close contact with other exposed individuals (confined passageways, previously touched ladder railings/hatch levers/door knobs etc.)

4. Ineffectiveness of Current Strategy: Based on current limitations (lack of appropriate quarantine and isolation facilities, inability to effectively achieve social distancing), TR has instituted limited measures to slow the spread of the disease. We have moved a small percentage of the crew off ship, increased the frequency of thorough cleaning and attempted some social distancing. The current strategy will only slow the spread. The current plan in execution on TR will not achieve virus eradication on any timeline.

5. Lessons Learned from the Diamond Princess: From an epidemiological research article on the COVID-19 infection onboard Diamond Princess (the only comparable situation encountered thus far) (Roklov et al.) titled "COVID-19 outbreak on the Diamond Princess cruise ship: estimating the epidemic potential and effectiveness of public health countermeasures:"

"Cruise ships carry a large number of people in confined spaces with relative homogeneous mixing. On 3 February, 2020, an outbreak of COVID-19 on cruise ship Diamond Princess was reported following an index case on board around 21-25 January. By 4 February, public health

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measures such as removal and isolation of ill passengers and quarantine of non-ill passengers were implemented. By 20 February, 619 of 3,700 passengers and crew (17%) were tested positive. We estimated that without any interventions within the time period of 21 January to 19 February, 2920 out of the 3700 (79%) would have been infected. Isolation and quarantine therefore prevented 2307 cases. We showed that an early evacuation of all passengers on 3 February would have been associated with 76 infected persons.” (As opposed to 619)

The final sentence of the abstract:

“Conclusions: The cruise ship conditions clearly amplified an already highly transmissible disease. The public health measures prevented more than 2000 additional cases compared to no interventions. However, evacuating all passengers and crew early on in the outbreak would have prevented many more passengers and crew from infection.”

The Diamond Princess was able to more effectively isolate people onboard than TR, due to a much higher percentage of individualized and compartmentalized accommodations onboard for paying customers. Their measures still allowed hundreds of people to become infected. TR’s best-case results, given the current environment, are likely to be much worse.

6. Proposed New Strategy: There are two end states TR could achieve:

- a. Maximize warfighting readiness and capacity as quickly as possible. No timeline necessary. We go to war with the force we have and fight sick. We never achieve a COVID-free TR. There will be losses to the virus.
- b. Achieve a COVID-free TR. Requires strict adherence to CDC guidelines and a methodical approach to achieve a clean ship. This requires immediate and decisive action. It will take time and money.

As war is not imminent, we recommend pursuing the peace time end state.

TR has two primary goals in order to achieve that end state:

- a. Prevent unnecessary deaths, reduce the number of Sailors that contract COVID-19 and eliminate future virus spread.
- b. Regain and maximize warfighting readiness and capacity as quickly as possible.

In order to achieve these goals, a clean ship is required. Every Sailor onboard must be guaranteed virus-free and the ship environment must be disinfected. One infected Sailor introduced to the ship will spread the virus. Off ship lodging in compliance with CDC and NAVADMIN guidance is required for over 4,000 Sailors to achieve a clean ship and crew.

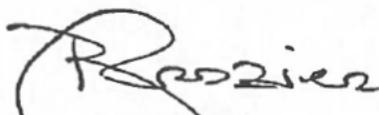
7. Conclusion. Decisive action is required. Removing the majority of personnel from a deployed U.S. nuclear aircraft carrier and isolating them for two weeks may seem like an extraordinary measure. A portion of the crew (approximately 10%) would have to stay aboard to

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run the reactor plant, sanitize the ship, ensure security, and provide for contingency response to emergencies. This is a necessary risk. It will enable the carrier and air wing to get back underway as quickly as possible while ensuring the health and safety of our Sailors. Keeping over 4,000 young men and women on board the TR is an unnecessary risk and breaks faith with those Sailors entrusted to our care.

There are challenges associated with securing individualized lodging for our crew. This will require a political solution but it is the right thing to do. We are not at war. Sailors do not need to die. If we do not act now, we are failing to properly take care of our most trusted asset – our Sailors.

Request all available resources to find NAVADMIN and CDC compliant quarantine rooms for my entire crew as soon as possible.



B. E. CROZIER

31 MARCH 2020

We are the physicians and medical professionals of USS THEODORE ROOSEVELT (CVN-71). Our immediate and primary concern is the safety and well-being of our patients, the Sailors under our care. Our ship detected Novel Coronavirus on board approximately seven days ago; three days ago we docked at Naval Base Guam. We are at war with COVID-19 and we are losing. This letter is to make you aware of our situation and to ask for your help.

This is our current situation: the virus is spreading exponentially on the ship. We have over 75 positive cases and rising. We are attempting to transfer infected Sailors off the ship. We are attempting to isolate the close contacts of infected Sailors, but at this point every single individual on the ship is a close contact. We continue to eat in groups. We continue to sleep in open bays. We continue to use group bathrooms accommodating dozens of individuals. We continue to work in confined spaces. We continue to expose ourselves to the virus on a daily basis. The construction of the ship makes it impossible for us to practice social distancing. These concerns have been expressed to all levels of the chain of command, but we have yet to see any demonstrable action taken to get our patients to safety that is in accordance with CDC guidelines and NAVADMIN 083/20.

There is a high probability that USS THEODORE ROOSEVELT will experience fatalities as a result of COVID-19 and we expect them to be within 10 days of penning this letter. While we have received the support of U.S. Naval Hospital Guam, we expect to quickly overwhelm their limited resources. We expect to experience the well published case fatality rate of 0.5-1% for our age demographic if drastic action is not immediately taken. If this case fatality rate remains constant we stand the potential to have 50 or more fatal cases. We will not stand by while our fellow sailors continue to be exposed to this fatal virus.

The only solution to save the lives of our Sailors is to immediately get everyone off the ship into appropriate isolation or quarantine. There is no other option. The time has come for aggressive measures to be taken and we are asking for your help to save the lives of our patients.

As medical providers we have a moral responsibility to our patients. We will continue to fight this losing battle, but we are asking for your immediate support to help us win this war. Time is of the essence.

Our intent is to submit this letter to the public to demonstrate our concerns for the safety of our patients and your sailors.

Very Respectfully,
(b) (6), (b) (7)(C)
LCDR MC USN
Surgeon
USS THEODORE ROOSEVELT (CVN 71)

(b) (6), (b) (7)(C) (b) (6), (b) (7)(C)
LT MSC USN
Physical Therapist
USS THEODORE ROOSEVELT (CVN 71)

(b) (6), (b) (7)(C)
LT MC USN
Flight Surgeon
CVW-11

(b) (6), (b) (7)(C)
CA ~~PT~~ MC USN
Senior Medical Officer
USS THEODORE ROOSEVELT (CVN 71)
(b) (6), (b) (7)(C)
LT ~~MC~~ USN
Family Physician
USS THEODORE ROOSEVELT (CVN 71)

Summary of Interviews

1. Between 2 and 6 April 2020, I conducted multiple phone interviews as part of a preliminary inquiry involving USS THEODORE ROOSEVELT (CVN 71). My Executive Assistant, Legal Counsel and the Director of my Commander's Action Group assisted me with these interviews. Summaries of my interview notes follow. Quotations indicate exact words or phrases used by those interviewed. All dates are given in Washington, DC, Eastern Daylight Savings Time.
2. Commander, U.S. Pacific Fleet (CPF). Multiple phone interviews between Thursday, 2 April and Monday, 6 April. CPF recalled that a daily COVID sync began after USS THEODORE ROOSEVELT (CVN 71) (THR) pulled into Guam on 28 March. He communicated to Commander, U.S. Seventh Fleet (C7F), but was unaware what was relayed further down operational chain of command. CPF retained some tactical decisions. For example, he cancelled a C-40 flight carrying THR crew COVID-19 samples to Osan, Korea, apparently without understanding the impact of the cancelled flight (e.g., aircraft needed to retrieve swabs from Korea, and cancellation delayed further testing of Sailors and subsequent movement off the ship). CPF focused on increasing capacity to deal with COVID-19 and pushing solutions down chain. He developed Courses of Action (COAs) to fly infected Sailors to other countries. When that became challenging due to political concerns, his focus shifted to COA in Guam. CPF did not know the Concept of Operations (CONOP) for egress of THR Sailors. Regarding hotel arrangements on Guam, CPF noted that CJRM spoke to the Governor of Guam on Monday, 30 Apr and that CPF spoke with her that evening after ensuring ADM Davidson, Commander, Indo-Pacific Command, was aware.
3. Commander, Naval Air Forces (CNAF). Phone interview on Thursday, 2 April. CNAF indicated a "hands-off" approach to the administrative control of THR. He did not require courtesy reports or synchronization sessions and spoke with CVN Commanding Officers (COs) prior to deployment as a matter of routine to let them know the Type Commander (TYCOM) was available for assistance during deployment. CNAF did not provide additional COVID-19 guidance due to multiple guidance messages already circulating. After receiving THR CO's letter/email, spoke to CO and offered help. CNAF did not understand why CO felt need to write letter and stated that CO indicated help was "not happening fast enough."
4. Commander, U.S. SEVENTH Fleet (C7F). Multiple phone interviews between Thursday, 2 April and Monday, 6 April. C7F indicated friction with CPF. For example, CPF required him to request permission to move the C7F flagship, USS BLUE RIDGE (LCC 19) (BLR). C7F was focused on non-Guam options prior to decision to pull THR into Guam and house Sailors there. C7F was unsure when COA shifted to decision to house Sailors in hotels in Guam. He indicated Commander, Carrier Strike Group NINE (CCSG-9) and CO, THR stood out among the strike groups in C7F as having a "victim mentality." C7F demonstrated the most ownership of a plan for THR, but remained offsite aboard his flagship, BLR. C7F indicated frustration that THR was not moving Sailors off ship fast enough, and that THR CO "wanted keys to a 4-star hotel" rather than the resources available in Guam. Indicated he believed rooms were available for THR Sailors when they arrived in Guam. C7F stated that, regarding leadership for coordination of efforts to egress THR Sailors, CCSG-9 "said all the right things" but was not taking actions.

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Enclosure (5)

5. Commander, Carrier Strike Group NINE (CCSG-9). Phone interviews on Thursday, 2 April and Monday, 6 April. CCSG-9 indicated a lack of awareness or concern for COVID-19 impact prior to deployment, stating it was “not really a factor.” However, he did conduct a Table-top Exercise (TTX) on how to deal with COVID-19 before the THR Strike Group port visit in Vietnam. CCSG-9 considered the Vietnam port visit low-risk and recommended execution to C7F. He began daily calls with C7F after THR pulled into Guam, but did not provide a demand signal for plan to get Sailors off ship. Additionally, CCSG-9 appeared to lack awareness of disconnects – for example, he indicated many unknowns contributed to a “fog of war” and appeared to lack knowledge of details regarding how to handle the COVID-19 crisis. Indicated that confusion existed regarding what “isolation” and “quarantine” meant. CCSG-9 stated that expectations for single rooms to be available in Guam were communicated to C7F and CJRM on or about 26 or 27 March, close to the time that THR pulled in. Stated that he did not get the sense from THR that there was a sense of panic or concern for fatalities aboard the ship as COAs were being developed. When asked about the information paper the warfare commanders produced for him to recommend for C7F action, CCSG-9 recalled a discussion about COAs being discussed to get Sailors off the ship, but did not remember seeing “a formal paper.” Explained that his role was to explain the need to “follow the process.”

6. Commander, Joint Region Marianas (CJRM). Phone interview on Thursday, 2 April. CJRM began to plan for the Guam response to COVID-19 in January when CPF indicated U.S. government discussions to have M/V Westerdam dock in Guam for treatment of COVID-19 positive passengers. Although the plan for M/V Westerdam changed and the ship did not pull into Guam, CJRM directed CO, Naval Hospital (NAVHOSP) Guam and CO, Naval Base Guam (NBG) to discuss lessons learned and how they would apply to a U.S. Navy ship in a similar situation. CJRM stated he had “completely unencumbered communications” up and down the administrative chain of command through C7F and CPF, and that they were fully supportive and offered help, for example, in the form of augmentation from the III Marine Expeditionary Force (III MEF). He noted that when an Echelon II command (Naval Reactors) attempted to direct placement of Sailors into available housing in Guam, CJRM effectively sought C7F assistance to push back. CJRM functioned within authorities, despite lack of a defined requirement when ship pulled in to Guam. Specifically, he received no indication from THR or any other organization regarding how many beds were needed, but directed preparation of 1000 beds based on an initial “guess” that 800 would be required. CRJM also worked at a staff level with the government of Guam to determine a path to secure hotel rooms before that COA was decided upon by C7F and CPF.

7. Commanding Officer, USS THEODORE ROOSEVELT (CVN 71) (CO, THR). Phone interviews on Thursday, 2 April and Monday, 6 April (with the former Executive Officer (XO) and Acting CO, CAPT (b) (6), (b)). CO, THR assumed command of THR in November 2019, just before THR entered Composite Training Unit Exercise (COMPTUEX). He shared the THR Senior Medical Officer’s (SMO) concern regarding accuracy of COVID-19 case reporting in Vietnam prior to port visit and tended to a conservative approach towards COVID-19 risk reduction. CO, THR acknowledged putting a “cumbersome plan” in place for crew liberty and in-port activities. He appeared to lack clear, effective communications with CCSG-9, referring to communications at that level as relaying to “staff” and appeared focused on dealing with COVID-19 as a pandemic, rather than triaging Sailors in the sub-optimal conditions aboard an

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Enclosure (5)

aircraft carrier, and then in Guam. During the interview CO, THR referred repeatedly to discussions in the Warfare Commanders' Board. He discussed the possibility of COVID-19 exponential growth aboard ship and potential COAs, including casualties and indicated the tenor of discussions in this venue would have been different if they had been aware that housing Sailors in hotels on Guam was an option. CO, THR did not articulate or communicate a plan for ship to deal with COVID-19 and appeared to be unsure of the limits of his responsibilities for dealing with crisis. CO, THR did not discuss the letter (Enclosure 2) he sent via email on 30 March (Enclosure 3) with CCSG-9 or C7F (his operational chain of command) prior to sending it. He also did not refer to C7F or CPF COVID-19 guidance in his letter, only to Centers for Disease Control and Prevention (CDC) and Naval Administrative (NAVDMIN) message guidance. Regarding the suitability of available berthing on Guam, CO, THR stated that 4,000 hotel rooms would have been ideal, and that the open-bay quarters being used to house Sailors looked like a "FEMA shelter." He further stated that as a result of the close quarters and open-bay berthing, more Sailors tested positive. CO, THR indicated that the limiting factor in egressing Sailors off the ship was meal availability and access to restroom facilities, as well as the poor conditions of the gyms and warehouses being offered. He considered that the available berthing was "less healthy than the ship."

8. Senior Medical Officer, USS THEODORE ROOSEVELT (CVN 71) (SMO). Phone interview on Thursday, 2 April. SMO stated that he considered COVID-19 during pre-deployment planning. He suspected Vietnam's data regarding COVID-19 cases was inaccurate and indicated a lack of trust in the decision to pull into Vietnam for a port visit. SMO referred to burdensome administrative requirements and overwhelming data calls from chain of command and indicated the ship was "getting hammered" from up the chain of command for not moving Sailors ashore fast enough. However, he also stated C7F was demanding unreasonable pace and frequency of testing before Sailors could move off ship. SMO provided the following timeline of when he indicated concern up his operational and administrative chains of command:

- 25 Mar: emailed Executive Officer (XO) and CO that if COVID-19 cases on ship were to increase exponentially from the first two Sailors who tested positive, they would need 5,000 beds
- 28 Mar: emailed CPF, C7F, and CNAF surgeons, indicating ship's positive cases increased from two to 44 in four days
- 29 Mar: emailed Surgeon General (SG) of the Navy, indicating circumstances aboard ship were "dire"
- 31 Mar: emailed SG with letter (Enclosure 4) from ship's medical team

SMO indicated regret about elements of the letter signed by members of the medical team on THR (Enclosure 4), including the tone and the closing statement that they intended to release it to the public. SMO stated that it was not his intent to release the letter to the public, but that the other members of the team were free to make up their own minds.

9. Fleet Surgeon, Commander, U.S. SEVENTH Fleet (C7F Fleet Surgeon). Phone interview on Thursday, 2 April. The C7F Fleet Surgeon indicated she had good communications with CPF Fleet Surgeon and has known him since college. She also indicated her communications with SMO were regular, but she did not know him before their current assignments. C7F Fleet Surgeon appeared able to balance operational and clinical risk decisions, but appeared unable to

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Enclosure (5)

find alignment between her recommendations and SMO recommendations. When SMO expressed to her that his medical team was upset, she asked what they needed, and he replied “a hospital for 5,000 people.” She indicated frustration with this answer and stated that her response was “firm,” and that they would be limited in terms of what is available on Guam. She understood SMO’s expectations were that when THR pulled into Guam, single rooms and single beds would be available to move Sailors into and that “someone else” would “take over.” Regarding testing, C7F Surgeon indicated the SMO perceived the testing regimen to be “non-standard” per CDC guidelines, but believed it was necessary to work with the Government of Guam.

10. Executive Officer, USS THEODORE ROOSEVELT (CVN 71) (XO, THR). Phone interviews on Thursday, 2 April and Monday, 6 April (with CO, THR). XO, THR indicated that his CO’s letter (enclosure (2)) was an abridged version of an information paper to which all CSG-9 O6 warfare commanders (WCs), the XO, and the CO had contributed. He indicated CSG and Fleet churn over why more available berthing on Guam was not occupied and discussed the large number of Sailors requiring care and feeding, stating that inconsistent meal service and availability of sanitary facilities led to Sailor complaints on Facebook. XO, THR appeared frustrated with discussion over COAs and stated that Commander, Carrier Air Wing ELEVEN (CAG 11) emailed the WC information paper to CCSG-9 on 29 March. CCSG-9 responded that the hotel COA was being considered but was not the most likely. XO, THR did not know how CCSG-9 represented the hotel plan up the chain of command, but stated that COA was pushed aside. He also became aware that the 5700 beds being discussed on Okinawa were not available. When he woke up on 30 March, the CO was supposed to talk to the Chief of Naval Operations (CNO) but the phone failed. XO, THR indicated that he prepared the email (enclosure (3)) to which enclosure (2) was attached for the CO, who then reviewed and sent it. XO, THR indicated that staff at C7F were “incompetent,” not asking the right questions and that the C7F Chief of Staff was “an obstruction.” He also indicated that the C7F Fleet Surgeon was “marginalized.” When asked about the decision to release Sailors from quarantined after berthing areas when in port Guam, XO, THR stated that the SMO believed the quarantine aboard ship was “ineffective,” and that the whole crew were “close contacts.” He further stated that the quarantine restrictions were “causing human suffering unnecessarily,” which contributed to the decision to lift the restrictions. Regarding the berthing options on Guam, XO indicated that CO, Naval Base Guam was working to increase capacity, but that there was confusion about what was available and what was ready for Sailors. Indicated that because THR Sailors were not allowed to leave the pier due to Force Health Protection concerns, it was difficult to assess the suitability of available berthing and that they “had to rely on others to be our eyes”. XO stated that CMC was allowed to leave the ship to make an assessment on Sunday, 29 March.

11. Commander, U.S. Pacific Fleet Surgeon (CPF Surgeon). Phone interview on Friday, 3 April. CPF Surgeon relayed that discussion on Saturday and Sunday (28 and 29 March) indicated the approach to testing was wrong, that testing was not a “cure,” and that THR needed to get all Sailors off the ship. He indicated SMO had a pointed tone revealing frustration, which he took as a “warning sign.” CPF Surgeon did not receive a direct request from the ship and did not recall discussion about how to prioritize or assign Sailors to available berthing. He suggested CPF Center for Naval Analyses (CNA) representative may have brought up potentially requiring a Day 6 sample, but that it was not a CPF or C7F requirement. CPF Surgeon stated that while

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Enclosure (5)

C7F conducted daily medical leadership synchronization calls, THR did not consistently have a representative.

12. Commander, Carrier Air Wing ELEVEN (CAG 11) and Commander, Destroyer Squadron TWENTY THREE (CDS 23). Joint phone interview on Friday, 3 April. CDS 23 stated he was not sure they had a “plan, plan,” but were involved in broad COA development to follow CDC and NAVADMIN guidance to achieve a healthy ship free of COVID-19. Prior to pulling in, he did not envision limitations of the base in Guam. CAG wondered “at what point does the whole ship become quarantined?” They worked on first priority - contingencies to get ship underway and how and indicated that as they tried to put Sailors ashore, there was no place to put them. CAG 11 and CDS 23 did not know what was requested in the logistics support requirement message (LOGREQ) and did not know details of any discussions between CCSG-9, CJRM, or contractors and CO, NBG. They indicated they were “not in shore planning mode” and the chain of command repeatedly asked what the plan was to get COVID off their ship. They stated discussions centered on testing and limitations aboard the ship and they were told that hotels were not an option and that Japan was being discussed. They also indicated that Sailors were not allowed off ship to inspect houses, barracks, etc. and appeared frustrated about having to wait for tests, and that they were not allowed to use local tests to get into hotel due to accuracy so they had to wait to use Korea tests that were halted.

13. Command Master Chief, USS THEODORE ROOSEVELT (CVN 71) (CMC, THR). Phone interview on Friday, 3 April. CMC expressed that ship’s leadership had concerns prior to Da Nang port visit and had developed a plan to isolate/quarantine COVID positive Sailors or persons under investigation. Their plan assumed a worst case of 33 Sailors. However, 39 Sailors required quarantine after staying at a hotel where two British citizens tested positive. CMC observed that requests for information from higher headquarters were burdensome to execute, that they had expended significant energy on the Okinawa COA and that they felt they were waiting for a COA decision to be made. CMC stated that he asked CO, THR if he had sent the letter to the press, and the CO responded that he had not. Regarding crew morale as the ship pulled into Guam, CMC felt that the number of Sailors who were despondent about the situation were in the minority, and that the majority understood the challenges and mission at hand.

14. Chief of Staff for Commander, U.S. SEVENTH Fleet (COS, C7F). Joint phone interview with C7F on Monday, 6 April. Stated he did not know about CO, THR’s decision to release quarantined Sailors from the aft berthing area of the ship when in port, Guam. Indicated that “everyone understood” that a large number of people would have to leave the shift, and that as early as 25 March, they were looking for off-island (Guam) resources. The number 4,000, rather than being a specific request or requirement, was a “planning factor” determined based on how many people would be required to operate the ship. Stated that he led a daily Video-conference for O6 leaders starting the day THR pulled into Guam. COS, C7F indicated he “ended up” doing what a Combined Task Force commander should have been doing to coordinate the efforts to egress THR Sailors. Further, he stated that he dealt with the ship exclusively through CCSG-9, but that discussions with him “didn’t translate into actions.” COS, C7F was not sure the ship could have led efforts “in the condition they were in.” Stated that a detailed testing plan was never developed or promulgated, but the focus was to egress the crew

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Enclosure (5)

as quickly as possible, and that while there was still risk due to the sub-optimal housing options in Guam, it was “better than leaving 4-5,000 people on the ship.”

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Enclosure (5)

Timeline (from TR perspective)

All times in Guam local time

Numbers of COVID-19 positive Sailors are from CPF reporting

Friday, 17 January

- Departed San Diego on deployment.

Thursday-Sunday, 5-8 March

- Port visit Da Nang
- Before visit, ship had planned for 33 quarantine racks aboard ship.
- Port visit terminated early due to two British citizens testing positive for COVID-19 in hotel used by TR Sailors.
- 39 people put into quarantine on TR.

Friday, 13 March

- TR CO sends letter to family members indicating the ship has begun testing “select individuals” for COVID-19.

Friday, 22 March

- All 39 remain asymptomatic and are released from quarantine after 14-day ROM and negative COVID test.

Saturday, 21 March

Monday, 23 March

- First 2 TR Sailors show symptoms of COVID-19.

Tuesday, 24 March 3 positive

- First 2 TR Sailors test positive for COVID-19.
- TR sends LOGREQ for arrival in Guam on 27 Mar.

Wednesday, 25 March 8 positive

- First 4 positives moved ashore via rotary wing.
- Discussions at the staff level amongst CSG-9, TR, JRM and C7F begin about the need for 4,000-plus occupancy, but no clear requirement made for 4,000-plus isolation rooms.
- TR SMO tells TR XO that “if this goes exponential, we’re going to need 5,000 CDC-compliant isolation rooms”.
- TR CO sends letter to family members indicating “a few Sailors” have tested positive for COVID-19, have been placed in isolation, and work was in progress to fly those Sailors off the ship as soon as possible.

Thursday, 26 March – 25 positive

- During a discussion with C7F, III MEF Commanding General offers up to 5,000 rooms for potential occupancy in Okinawa.

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- 1046: Email from CO, Naval Base Guam (NBG) to C7F/CCSG-9/TR O6s detailing plan for TR arrival. Priority after safe mooring is transporting COVID-positive and reactor department Sailors to isolation rooms. CO, NBG's scheme of maneuver brief shows 150 isolation beds and 493 quarantine beds (gyms; open bay).
- 1411: CCSG-9 issues outbreak Commander's Guidance for arrival in Guam expressing the following priorities: 1) move all COVID-positive Sailors to isolation quarters; 2) identify key groups needed to operate ship at sea in near-term; 3) move key reactor supervisory personnel into isolation following testing; and 4) if additional quarantine racks remain, prioritize by personnel and by function. End state: in near-term, have sufficient personnel to get ship underway for contingency operations.
- CCSG-9 to C7F email states that ship will run out of quarantine/isolation space ashore in Guam.

Friday, 27 March 34 positive (231/596 beds occupied 39%)

- TR arrives Guam.
- Approximately 230 Sailors, those tested and presumed positive, and critical watchstanders, moved ashore to available berthing.
- III MEF/C7F planning VTC refines Okinawa capacity to approximately 3,000 rooms, Atsugi is also expected to have 400-600 rooms.
- C7F and CPF discuss Guam hotel option.

Saturday, 28 March 38 positive (382/1058 36%)

- C-40 with new COVID testing kit arrives Guam (12-14 days until calibrated and ready).
- Initial discussions about increasing capacity via hotels occurs between JRM COS and CJRM.
- Ship works to batch-test 200 personnel moved ashore (did not have capacity to test them prior to departure).
- TR SMO emails C7F, CPF, and CNAF surgeons indicating positive cases increased from two to 44 in four days and the rate was going exponential.
- Initial discussions between offices of JRM and Guam Governor about increasing capacity via hotels.
- 1022: C7F placemat distributed showing rooms on Guam as available that were not yet ready. Rooms on Okinawa listed as White Beach: 5,700 and CFA Okinawa: 0, although Commander, Fleet Activity Okinawa owns White Beach. III MEF billeting is not located at White Beach.
- 1811: TR XO sends TR CO email (CMC/SMO are cc'd) regarding inability of TR to comply with CDC or NAVADMIN 083-20 guidelines aboard ship. Estimates of "close contact" Sailors range from 1,400-2,000. XO recommends moving as many personnel as possible off the ship into lodging and reaffirms that ship's berthing is not in compliance with CDC or NAVADMIN guidance. Ship emergency command center data [define] demonstrates that ship's segregated berthing plan is making the rate of transmission worse.
- TR CO sends letter to family members announcing arrival of ship in Guam. He indicates that Sailors with test results or symptoms indicative of COVID-19 are the first priority to get off the ship for evaluation at Naval Base Guam Hospital. He further states that some Sailors will be moved to open bay berthing off the ship and that parts of the ship will be used to quarantine "close contact" Sailors.

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Sunday, 29 March 46 positive (535/1150 47%)

- Due to rate of infection increasing in segregated area of the ship (aft) faster than the non-segregated area (forward), decision is made to lift aft segregation area restrictions. No longer able to feed out of CPO mess. Positive and symptomatic Sailors remained in or were moved to isolation.
- SMO emails Navy Surgeon General stating that circumstances aboard ship were “dire”.
- During daily C7F medical sync meeting, SMO makes first off-ship mention of expectation for 4,000 CDC-compliant rooms.
- Ship down to last 100 test swabs, with more inbound expected after 2 April.
- CCSG-9 email to C7F states that they are developing a priority of flow to Okinawa and states that Sailors could be isolated quicker using hotels in Guam. CCSG-9 discusses TR options with C7F, who reaffirms commitment to Okinawa option, and states a large number of hotel options in Guam is not likely.
- Military Assistant for Acting SECNAV contacts TR CO, proposing Sec. Modly visit TR on 1 April.
- 1101: CVW-11 CAG sends CCSG-9 warfare commander paper with attachments, highlights: testing cannot determine that you don’t have the virus, it can only confirm that you do (cannot get to a safe/clean ship leveraging testing alone); lessons learned from Diamond Princess concluding that 1) 500 additional infections occurred due to quarantine onboard versus isolation ashore and 2) 47% of positives were initially asymptomatic (Sailors thought safe are not and lack of symptoms does not indicate lack of infection and negative test results do not indicate lack of infection).
- TR CO contacts Commander, Fleet Activities Okinawa, who states that Navy does not have rooms available for TR Sailors (TR CO/XO unaware that Okinawa option leveraged US Marine Corps rooms).
- CPF disapproves C7F’s plan for moving TR crew to Okinawa, based on risk of accelerating infection spread on the aircraft during the 9-hour flight and complications with the government of Japan.

Monday, 30 March 53 positive (897/1150 78%)

- 0730: JRM COS telcon with Governor of Guam COS positive indications of hotel option.
- 0800: CJRM discusses hotel option with Governor of Guam during daily sync. Governor states formal request required from CPF or IPC.
- 1152: CCSG-9 forwards COVID-19 CONOP to C7F. CONOP states that with exponential growth of COVID, the mortality rate could be as high as 10. Three COAs are presented: COA 1 (fastest to sea) use of 4025 CDC-compliant quarantine spaces; COA 2 use of 2300 CDC-compliant quarantine spaces; COA 3 (longest to sea) Naval Base Guam only (limited CDC-compliant quarantine spaces).
- 1348: TR CO sends an email, containing the memo later made public, to CCSG-9, CNAF, and CPF, copying the EAs for CNAF and CPF, the XO, and the four warfare commanders (10 people total).

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Tuesday, 31 March 79 positive (951/1450 66%)

- CPF formally requests Guam hotel options and negotiations commence.
- TR SMO meets with medical team, signs and sends their letter to Navy Surgeon General.
- Approximately 1450 Sailors aboard TR in quarantine or isolation.

Wednesday, 1 April – 93 positive (959/1854 – 52%)

- C7F issues TASKORD to CTF-71 for recovery of THEODORE ROOSEVELT from COVID-19 infection.
- San Francisco Chronicle publishes TR CO memo.

Thursday, 2 Apr 114 positive (1240/2473 50%)

- TR CO sends letter to family members regarding the memo, stating “It was never my intention to have the letter made public.” The letter states that every Sailor will be tested for COVID-19 and those with negative test results will be moved to individual rooms off base for 14 days, while those who test positive will be house on base in individual rooms. The letter indicates that some Sailors will remain aboard to clean the ship before moving off ship to complete their 14 days of isolation.

Friday, 3 April – 137 positive (1563/2473 – 63%)

- TR CO relieved by Acting SECNAV.

Saturday, 4 April 155 positive (1655/2473 67%).

Sunday, 5 April 155 positive.

Monday, 6 April 173 positive.

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Enclosure (6)



DEPARTMENT OF THE NAVY
VICE CHIEF OF NAVAL OPERATIONS
2000 NAVY PENTAGON
WASHINGTON DC 20350-2000

5800
Memo N09/20U100519
14 Apr 20

MEMORANDUM

Subj: PRELIMINARY INQUIRY INVOLVING USS THEODORE ROOSEVELT (CVN 71)

Ref: (a) JAGMAN, Chapter II
(b) My ltr 5800 Ser N09D/20U100818 of 7 Apr 20 w/encls

Encl: (1) Summary of Additional Interviews/Responses to Questions

1. Pursuant to reference (a), reference (b) was conducted to inquire into the events surrounding the disembarkation of Sailors from the USS THEODORE ROOSEVELT (CVN 71) in Guam, in response to cases of Coronavirus Disease 2019 (COVID-19).
2. On 13 April 2020, I was requested by you to conduct additional interviews to provide clarification on timing of events regarding conversations between the USS THEODORE ROOSEVELT (CVN 71) Commanding Officer (TR CO) and members of his operational and administrative chains of command, as well as whether there were observations of concern during the Carrier Strike Group NINE (CSG-9) training cycle prior to deployment.
3. Enclosure (1) is a summary of telephonic interviews I conducted on 13 April 2020. My executive assistant was present during these interviews. Quotations indicate exact words or phrases used by those interviewed.


R. P. BURKE

Summary of Additional Interviews/Responses to Questions

1. Commander, U.S. Pacific Fleet (CPF). Phone interview on Monday, 13 April. Phone interview on 28 March (29 March Guam), CPF called the USS THEODORE ROOSEVELT (CVN 71) Commanding Officer (CO) to advise him that the Acting Secretary of the Navy was calling (the Acting Secretary of the Navy Chief of Staff called later that day). This call occurred prior to the CO sending the email. During the call, ADM Aquilino asked the CO if he was getting the support he needed, and he indicated that he was. Following receipt of the USS THEODORE ROOSEVELT (CVN 71) Commanding Officer (CO) email, CPF called Commander, Carrier Strike Group NINE (CCSG-9) on 29 March (30 March in Guam). ADM Aquilino asked what actions he (CCSG-9) and the CO expected that they were not already underway. CCSG-9 responded with words to the effect of “we need 4000 beds.” At this time construction was in progress for makeshift facilities up to a capacity of 2700 beds. ADM Aquilino responded to CCSG-9 by explaining he may not be able to provide 4000 beds, and that he was working multiple options to get there, to include looking at the possibility of hotel rooms, but that it was his job as Strike Group Commander to plan for how to work the crew through quarantine and isolation with something less than the “perfect answer.”

2. Commander, Naval Air Forces (CNAF). Phone interview on Monday, 13 April. Following the receipt of the CO email, CNAF spoke with the CO on 31 March (1 April in Guam. CO relieved early morning of 3 April in Guam) to provide mentorship and counsel. During the call, VADM Miller specifically probed into his relationship with the strike group commander, and his assessment of the strike group commander with C7F. The CO responded that both relationships were healthy, with good communications in both directions, and plenty of communications opportunities. He also noted to VADM Miller that VADM Merz (C7F) was particularly engaged, holding multiple VTCs each day regarding the situation on the TR. VADM Miller followed with the question of why the CO then felt it necessary to send the letter, given his good relationship and communications with the chain of command. The CO stated that he did not feel the response was moving fast enough.

3. Commander, U.S. THIRD Fleet (C3F). Phone interview on Monday, 13 April. Overall, during its Composite Training Unit Exercise (COMPTUEX), the overall score for Carrier Strike Group NINE (CSG-9) was higher than the average of the last three CSGs and no issues were identified. The leadership team was cited by Commander, Carrier Strike Group FIFTEEN (CCSG-15) as “strong” with a “disciplined, effective battle rhythm and planning processes” and a “shared understanding of Commander’s intent, priorities and risk acceptance.”

4. Clarification to PI follow-on questions:

a. What phone calls were conducted between Commander, U.S. Pacific Fleet (CPF) and Commander, Naval Air Forces (CNAF) with the USS THEODORE ROOSEVELT Commanding Officer (CO)?

No phone calls were conducted between all three officers. Rather, CPF called the CO on 28 March (29 March Guam), to advise him of an expected phone call from the Acting Secretary of the Navy later that same day, which ultimately was made by the A/SN’s Chief of Staff. CNAF

called the CO on 31 March (1 April Guam) to ask him about any needed support and to provide mentoring. These calls are detailed in paragraphs 2 and 3 above.

b. Is that the phone call where CPF first told the CO of the work being done to get hotel rooms in Guam?

No. Work being done to get hotel rooms was not discussed with the CO, but rather with CCSG-9 in a phone call made on 29 March (30 March).

c. When did CPF tell CO hotel rooms would be available, and when were they actually available?

The CO was aware that an option to obtain hotel rooms was being worked as early as the morning of 30 March (Guam time), but based on feedback from C7F (VADM Merz) when this COA was being discussed at the daily synch, the CO did not think it would likely be approved, and had considered that it was a low priority for the C7F staff (as compared to the Okinawa option). He learned that the hotel option was approved on 31 March (Guam), the day after he sent the email.

d. Were there any indicators or concerns revealed during the Carrier Strike Group NINE (CSG-9) Composite Training Unit Exercise (COMPTUEX)?

See paragraph 3. Interview with C3F showed no indicators or concerns. In fact, C3F endorsed the CCSG-15 report that the CCSG-9 command team was above average, and also noted:

- Strong leadership team with a disciplined, effective battle rhythm and planning processes
- Shared understanding of Commander's intent, priorities and risk acceptance